



**NEW JERSEY DEPARTMENT OF TRANSPORTATION  
DIVISION OF AERONAUTICS  
INSPECTION & AIRCRAFT OPERATIONS**

<http://www.nj.gov/transportation/airwater/aviation/>

Phone: 609-530-2900/Fax: 609-530-5270

### SELF-INSPECTION FORM FOR NON-PUBLIC USE FACILITIES

<b>FACILITY NAME:</b>	
<b>LICENSE NUMBER:</b>	<b>Runway Length/Takeoff-Landing Area Dimensions:</b>
Runway/Takeoff-Landing Area Surface Type:	
<input type="checkbox"/> Asphalt <input type="checkbox"/> Turf <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____ <div align="right">(Please Specify)</div>	
Condition of Surface:	
<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Direction of Approaches:	Runway
	Helistop
Conditions of Approaches:	
<input type="checkbox"/> Clear <input type="checkbox"/> Obstructed _____ <div align="right">(Please Explain)</div>	
Condition of Lighting (if applicable):	
<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Type of Runway or Takeoff/Landing Area Markings:	
<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Condition of Markings:	
<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> N/A	
Type of Aircraft:	Number of Annual Operations:
<b>NOTE:</b> <b>You are responsible for the maintenance of your facility and the accuracy of your answers. Spot checks may be made and findings compared to your self-inspection. PLEASE MARK ONE OF THE FOLLOWING BOXES:</b>	
<input type="checkbox"/>	<i>I CERTIFY THAT THE ABOVE FACILITY IS IN SAFE, USABLE CONDITION. PLEASE RETAIN MY CURRENT LICENSE AS IS. Included is the appropriate fee with the renewal form.</i>
<input type="checkbox"/>	<i>I CERTIFY THAT THE ABOVE FACILITY IS "NOT IN USABLE CONDITION AT THIS TIME," BUT WISH TO RETAIN MY LICENSE. PLEASE INDICATE ON THE LICENSE, "NOT TO BE USED UNTIL REINSPECTED BY THE DIVISION OF AERONAUTICS." Included is the appropriate fee with the renewal form.</i>
Remarks:	

Print Contact Name: \_\_\_\_\_

\_\_\_\_\_  
CONTACT SIGNATURE

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tele Number